

Department of Administrative Services---Construction Manager Evaluation

FIRM: _____ SUBCONTRACTORS: _____

PROJECT: _____

RATER: _____

RATER SIGNATURE: _____ DATE: _____

Please rate the following criteria on a scale of 1 to 4. Comments are required for scores of 1 or 4.

1 = Poor 2 = Fair 3 = Good 4 = Excellent

1. Project was completed within the established budget with minimal change orders. Comments:	<input type="text"/>
2. Project was completed within the established schedule. Comments:	<input type="text"/>
3. Firm established a realistic project schedule for the various trade contractors. Comments:	<input type="text"/>
4. Firm processed paperwork in timely manner. Comments:	<input type="text"/>
5. Firm kept all members of the project team informed throughout the project. Comments:	<input type="text"/>
6. Construction during the project was inspected to ensure quality work. Comments:	<input type="text"/>
7. Firm demonstrated management and construction expertise needed for the project. Comments:	<input type="text"/>
8. Firm documented and corrected construction deficiencies. Comments:	<input type="text"/>
9. Firm ensured the job site was clean and safe work procedures were followed. Comments:	<input type="text"/>
10. Punchlist and closeout activities were completed in a timely manner. Comments:	<input type="text"/>
TOTAL SCORE: <input type="text"/>	
FINAL RATING 10 - 15 = <i>Poor</i> 16 - 25 = <i>Fair</i> 26 - 34 = <i>Good</i> 35 - 40 = <i>Excellent</i>	

Reviewer Name: _____

Signature: _____ Date: _____